

OUTDOOR RECREATION CUSTOMER SATISFACTION SURVEY

DIRECTIONS:

Fill in the oval for each attribute that best reflects your opinion on the IMPORTANCE of that attribute and how well the installation PERFORMS on that attribute.

For example, if you think an attribute is "Most Important", fill in the oval in column 5. If an attribute is "Not Important", fill in the oval in column 1. Follow the same scheme for rating PERFORMANCE of the attributes.

Respond to all attributes for which you have an OPINION. If you have no opinion about an attribute, leave the ovals blank. THANK YOU FOR YOUR HELP.

How IMPORTANT to you is this attribute?

Not Very Important	Somewhat Important		Very Important		Most Important
Not At All Important					
Don't Know	↓	↓	↓	↓	↓
0	1	2	3	4	5

How well do you feel your installation PERFORMS in this attribute?

Average		Not Very Good		Poor	
Very Good					
Outstanding	↓	↓	↓	↓	↓
5	4	3	2	1	0

I. OVERALL SATISFACTION

○ ○ ○ ○ ○ ○ 1. Satisfaction with overall program ○ ○ ○ ○ ○ ○ ○

II. STAFF

○ ○ ○ ○ ○ ○ 2. Staff is helpful ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 3. Staff is courteous ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 4. Staff is skilled ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 5. Staff is knowledgeable ○ ○ ○ ○ ○ ○ ○

III. FACILITY/BUILDING

○ ○ ○ ○ ○ ○ 6. Facilities are attractive, clean, and well-maintained ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 7. Facility is maintained to instill safety ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 8. Facility is maintained to encourage participation in activities (temperature/humidity/ventilation) ○ ○ ○ ○ ○ ○ ○

IV. PROGRAMS/SERVICES MEET YOUR NEEDS/EXPECTATIONS

○ ○ ○ ○ ○ ○ 9. Sufficient choice of instructional programs (high adventure, swimming, boating safety) ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 10. Sufficient choice of self-directed programs (mountain biking, skiing, hiking, shooting sports) ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 11. Sufficient choice of workshops and demonstrations (wilderness safety, camping techniques) ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 12. The staff uses your suggestions to develop new programs ○ ○ ○ ○ ○ ○ ○

V. EQUIPMENT

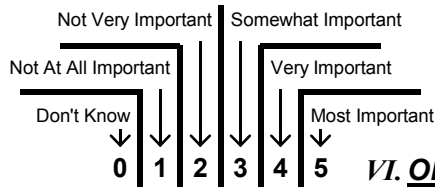
○ ○ ○ ○ ○ ○ 13. Equipment is state-of-the-art ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 14. Equipment is clean ○ ○ ○ ○ ○ ○ ○

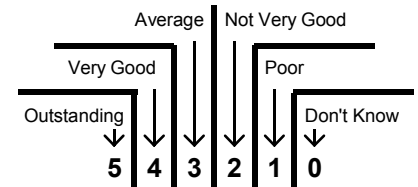
○ ○ ○ ○ ○ ○ 15. Equipment is well-maintained ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 16. Equipment variety supports a broad range of activities and interests ○ ○ ○ ○ ○ ○ ○

How IMPORTANT to you is this attribute?



How well do you feel your installation PERFORMS in this attribute?



VI. OPERATIONS

☐ ☐ ☐ ☐ ☐ ☐

17. Facility is open during my free time

☐ ☐ ☐ ☐ ☐ ☐

DEMOGRAPHIC QUESTIONS

Gender:

- ☐ Female
☐ Male

Status:

- ☐ Active Duty
☐ Family Member
☐ Civilian
☐ Retired

I currently live:

- ☐ On-Post
☐ Off-Post

Time at installation:

- ☐ Less than 1 year
☐ 1-3 years
☐ More than 3 years

Monthly Use of Program:

- ☐ 4 or more times
☐ 1-3 times
☐ None

Please list the 3 facilities or services that are most important to you:

Please list the 3 activities that are most important to you:

Please list services, activities, facilities you would use if they were available:

What improvements most need to be made to Outdoor Recreation programs, activities, or facilities:

Thank you for your time and effort completing this survey!